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PTO/SB/97 (08-00)

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on June 1, 2006
Date


Signature

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: Qiming ZhuApplication Number: 10/726,812

Filed: 12/02/2003

Confirmation Number: 4116

Title: Defect Tolerant Redundancy

Atty Docket Number: 019680-007800US JMZ

Being faxed to Examiner Jonathan Barton Group Art Unit 2186 at facsimile number 1-571-273-8300 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal (1 page);
3. PTO/SB/17 Fee Transmittal (1 page submitted in duplicate);
4. PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate); and
5. Amendment (11 pages).

Number of pages being transmitted: 17

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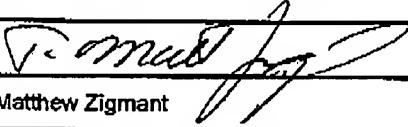
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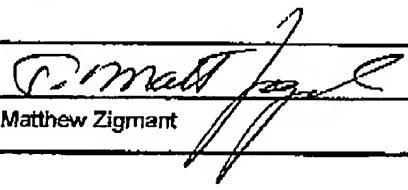
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PTO/SB/21 (00-04)

TRANSMITTAL FORM		Application Number	10/726,812
(to be used for all correspondence after initial filing)		Filing Date	December 2, 2003
		First Named Inventor	Zhu, Qiming
		Art Unit	2186
		Examiner Name	Jonathan Barton
Total Number of Pages in This Submission	17	Attorney Docket Number	019680-007800US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page submitted in duplicate) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Fee Attached <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Appel Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Amendment/Reply (11 pages) <input type="checkbox"/> Petition <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> After Final <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</div>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	June 1, 2006	Reg. No.	44,005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on June 1, 2006.			
Signature			
Typed or printed name	J. Matthew Zigmant		Date
60786631 v1			June 1, 2006

JUN 01 2006

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 350)

Complete if Known	
Application Number	10/726,812
Filing Date	December 2, 2003
First Named Inventor	Zhu, Qiming
Examiner Name	Jonathan Barton
Art Unit	2186
Attorney Docket No.	019680-007800US

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

Fee (\$)	Fee (\$)
200	100

Multiple dependent claims

Fee (\$)	Fee (\$)
360	180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
34	-20 or HP = 7 x \$50	= \$350

Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20

Fee (\$)	Fee Paid (\$)
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP = 0 x \$200	= \$0	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	_____ x _____	= _____

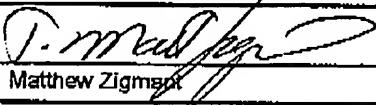
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,005	Telephone	415-576-0200
Name (Print/Type)	J. Matthew Zigmant			Date	June 1, 2006

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